Section 2

EPA Consolidated Permit Program General InformationForm 1

| | FORM 1 GENERAL | SEPA | U.S. ENVIR GEI Co | NER. | AL IN | FORMA Permits Pro | | l. El | Approved. OMB No. 2040-CPA I.D. NUMBER NN0000019 | JU86. | | T/A C D | |
|---|---|--|--------------------------|-----------------------------|---------|----------------------|---|--|--|--------------|---|---------------|--|
| | | LABEL ITEMS EPA I.D. NUMBER | | | | | | | GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Raview the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data | | | | |
| | III. FACILIT | II. FACILITY NAME PLEASE | | E PLACE LABEL IN THIS SPACE | | | | is a | is absent (the area to the left of information that should appear), plea | | | ace lists the | |
| | V. FACILITY MAILING ADDRESS | | | | | | fill-ir need mus has | fill-in area(s) below. If the label is complete and com- need not complete Items I, III, V, and VI (except VI- must be completed regardless). Complete all items if has been provided. Refer to the instructions for detail descriptions and for the legal authorizations under will data is collected. | | | correct, you t VI-B which is if no label detailed item | | |
| | VI. FACILITY LOCATION | | | | | | | | | | er which this | | |
| | | T CHARACTERISTIC | | | 10 | | | | | | | | |
| | INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to a submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the suppleme you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirement instructions. See also, Section D of the Instructions for definitions of bold-faced terms . SPECIFIC QUESTIONS SPECIFIC QUESTIONS SPECIFIC QUESTIONS | | | | | | | tal for | rm is a Section | attached. If | | | |
| | A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | | | × | ATTACHED | B. Does or will this faci include a concentrate aquatic animal produ | cility (either existing or proposed) ated animal feeding operation or duction facility which results in a | | | × | ATTACHED | |
| | C. Is this a fac | cility which currently | results in discharges to | 16 | 17 | 18 | discharge to waters of the U.S.? (FORM 2B) D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of | | | 19 | 20 | 21 | |
| | | the U.S. other than t | hose described in A or B | X | | X | | | | | X | | |
| | | | at store or dispose of | 22 | 23 | 24 | the U.S.? (FORM 2D) F. Do you or will you inject at this facility industrial or | | | 25 | 26 | 27 | |
| | E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oll or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) | | | 28 | X 29 | 30 | municipal effluent be containing, within one | effluent below the lowermost stratum g, within one quarter mile of the well bore, and sources of drinking water? (FORM 4) | | | X | 33 | |
| | | | | 34 | X | 36 | processes such as mini solution mining of mini | nject at this facility fluids for special ining of sulfur by the Frasch process, inerals, in situ combustion of fossil cothermal energy? (FORM 4) | | | X 38 | | |
| | | Is this facility a proposed stationary source which is one | | | | | J. Is this facility a propo | Is this facility a proposed stationary source which is | | | | 39 | |
| 1 | of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | | | X | | NOT one of the 28 in | the 28 industrial categories listed in the d which will potentially emit 250 tons per pollutant regulated under the Clean Air Act at or be located in an attainment area? | | | $ \mathbf{x} $ | | |
| | | | | 40 | 41 | 42 | year of any air pollutant | | | | | | |
| | | | | | | * | (FORM 5) | | | | 44 | 45 | |
| | III. NAME OF | FACILITY | | | | | | | | | | 100 | |
| SKIP FOUR CORNERS POWER PLANT 15 16 - 28 30 | | | | | | | | | 69 | | | | |
| | IV. FACILITY | CONTACT | | | | | | | | | | | |
| A. NAME & TITLE (last, first, & title) B. PHONE (area code & no. 15 16 15 16 15 16 16 16 | | | | | | | | | | | | | |
| | | | | | | | | | 48 49 51 52- 55 | | | | |
| ł | V.PACILITIVIA | ILING ADDRESS | A. STREET OR P.O |) BO | × | القديد | Barrier Control | MINISTER . | | | _ | | |
| | c 3 PO BOX | 355, MS 49 | | 1 | T | TIT | TTTTT | | | | | | |
| İ | | | B. CITY OR TOWN | - | | ** | C. STATE | D. ZIP | CODE | | | | |
| | c 4 FRUITL 15 16 | AND | | | E 0 | | | 37416 | | | | | |
| VI. FACILITY LOCATION | | | | | | | | | | | | | |
| ļ | | A. STREE | T, ROUTE NO. OR OTHER | SPE | CIFIC | IDENTIFIE | R | | | | | | |
| ŀ | 5 20 MIL | ES SW OF FA | RMINGTON, NM | l | 1 1 | 1 1 1 | | | | | | | |
| 15 16 45 | | | | | | | | | | | | Service Cont | |
| 16 | | | | | | | | | | | | | |

B. COUNTY NAME

C. CITY OR TOWN

SAN JUAN

F. COUNTY CODE (if known)

E. ZIP CODE 87416

D. STATE

NM

| CONTINUED FROM THE FRONT | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|
| VII. SIC CODES (4-digit, in order of priority) A. FIRST | | | | | | | | | | | |
| C (specify) ELECTRIC GENERATION | c (specify) | B. SECOND | | | | | | | | | |
| 7 4911 |] [| | | | | | | | | | |
| C. THIRD | 15 16 - 19 | D. FOURTH | | | | | | | | | |
| (specify) | c (specify) | | | | | | | | | | |
| 15 16 - 19 | 15 16 - 19 | | | | | | | | | | |
| VIII. OPERATOR INFORMATION | NAME | | | | | | | | | | |
| | INVITE TO THE TOTAL PARTY OF THE | B. Is the name listed in Item VIII-A also the owner? ✓ YES □ NO | | | | | | | | | |
| C. STATUS OF OPERATOR (Enter the appropri | | D. PHONE (area code & no.) | | | | | | | | | |
| F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or: O = OTHER (specify) | state) P (specify) INVESTOR OWNED | A (602) 250-3220 | | | | | | | | | |
| E. STREET OR P.O. BOX | | AVAIRAGE III CARLAND ATTE OF SPACES PARTICULAR OF | | | | | | | | | |
| PO BOX 53999 ss | | | | | | | | | | | |
| F. CITY OR TOWN G. STATE H. ZIP CODE IX. INDIAN LAND | | | | | | | | | | | |
| B PHOENIX | AZ | 85072 Is the facility located on Indian lands? YES INO 12 147 - 51 | | | | | | | | | |
| X. EXISTING ENVIRONMENTAL PERMITS | | | | | | | | | | | |
| A. NPDES (Discharges to Surface Water) C | D. PSD (Air Emissions from Proposed Sources | TT | | | | | | | | | |
| 15 16 17 18 30 15 16 | 17 18 | 30 | | | | | | | | | |
| B. UIC (Underground Injection of Fluids) | E. OT | HER (specify) | | | | | | | | | |
| 9 U 9 | 17 18 | (specify) | | | | | | | | | |
| C. RCRA (Hazardous Wastes) | | HER (specify) | | | | | | | | | |
| 9 R 9 | | (specify) | | | | | | | | | |
| 16 17 18 30 15 16 MAP | 17 18 | 30 | | | | | | | | | |
| Attach to this application a topographic map of the area extending | to at least one mile beyond property bound | aries. The man must show the cutting of the facility, the | | | | | | | | | |
| location of each of its existing and proposed intake and discharge s injects fluids underground. Include all springs, rivers, and other surfa | tructures, each of its hazardous waste treatn | sent storage or disposal facilities and each well whom it | | | | | | | | | |
| | ce water bodies in the map area. See instruct | ions for precise requirements. | | | | | | | | | |
| XII. NATURE OF BUSINESS (provide a brief description) Arizona Public Service Company generates elec | trigity at the Four Corners D | Plant for use to below | | | | | | | | | |
| mexico and California. | | | | | | | | | | | |
| Arizona Public Service Company is the operati participants: | ng agent on its own behalf and | d on the behalf of the following | | | | | | | | | |
| Southern California Edison, El | Salt River Project Agricultural Improvement and Power District, Southern California Edison, El Paso Electric Company, Public Service Company of New Mexico, and Tucson Electric Power Company | | | | | | | | | | |
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| | | | | | | | | | | | |
| VIII CERTIFICATION (a ' t t' t t' t t' t t' t t | | | | | | | | | | | |
| XIII. CERTIFICATION (see instructions) | | | | | | | | | | | |
| rtify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my very of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I ware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | | | | | | | | | | | |
| A. NAME & OFFICIAL TITLE (type or print) | B. SIGNATURE | C. DATE SIGNED | | | | | | | | | |
| David C. Bloomfield, Site Manager Four Corners Power Plant | Name Bl | won full 2-13-13 | | | | | | | | | |
| OMMENTS FOR OFFICIAL USE ONLY | | | | | | | | | | | |
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